



VIRGINIA DEPARTMENT  
OF AGRICULTURE AND  
CONSUMER SERVICES

## Dangerous Dog Verification of Compliance and Registration Form

Virginia Department of Agriculture & Consumer Services  
Office of Veterinary Services  
P.O. Box 1163  
Richmond, Virginia 23218  
(804) 692-0601

**ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER.** Please attach additional sheets as necessary.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Adjudication date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Local Jurisdiction: \_\_\_\_\_

Assigned Animal Control Officer: \_\_\_\_\_  
First Middle Initial Last

### Contact Information

Work Address:

\_\_\_\_\_  
Street City State Zip

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### PRIMARY OWNER INFORMATION (Dangerous dog lives with primary owner):

If more than one owner check here ☐, indicate the number of owners \_\_\_\_\_, and attach a Supplemental Owner Information Form for each owner. Number of Supplemental Owner forms attached: \_\_\_\_\_

Primary Owner's Name:

\_\_\_\_\_  
First Middle Initial Last

If the owner of a dog found to be dangerous is less than 18 years of age, the legal guardian shall be considered the owner of the dangerous dog.

Home address:

\_\_\_\_\_  
Street City State Zip

### Employment information

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**TRIAL DOCKET INFORMATION:**

1. The acts that resulted in the dog being designated as dangerous:

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2. Docket Number: \_\_\_\_\_

Parties: \_\_\_\_\_

Court: \_\_\_\_\_

Judge: \_\_\_\_\_

Requirements imposed by the judge on the owners of the dangerous dog:

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3. Any other complaints or incidents of attack by the dangerous dog upon any person or cat or dog after the dog is declared dangerous:

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4. Any claims made or lawsuits brought as a result of any attack after the dog is declared dangerous:

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**DANGEROUS DOG IDENTIFICATION INFORMATION:**

Assigned Animal Control Officer: Check boxes if information is verified and provide all required information.

5. Name of dangerous dog: \_\_\_\_\_

6. Two photographs (Digital Photographs must be submitted electronically to State Veterinarian):

Front View (top of head to paws) ☐

Side view (top of head to paws) ☐

7. Sex: Male ☐ Female ☐

8. Year of Birth (yyyy): \_\_\_\_\_

9. Weight (pounds): \_\_\_\_\_

10. Primary breed: \_\_\_\_\_

11. Secondary breed: \_\_\_\_\_

12. Color and markings: \_\_\_\_\_

13. **CURRENT RABIES VACCINATION CERTIFICATE VERIFIED** ☐

14. Rabies Tag Number: \_\_\_\_\_

15. Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CURRENT RABIES VACCINATION CERTIFICATE INFORMATION (continued)

16. Name of Veterinary Practice: \_\_\_\_\_

17. Veterinary Practice Address:

\_\_\_\_\_  
Street City State Zip

18. Telephone: (\_\_\_\_) \_\_\_\_\_

### LOCAL DOG LICENSE INFORMATION

19. Current Dog License ☐

20. Local Jurisdiction: \_\_\_\_\_

21. License Tag Year: \_\_\_\_\_ Serial No.: \_\_\_\_\_

### SPAY OR NEUTER INFORMATION

22. Dog has been spayed (female) ☐ or neutered (male) ☐

23. Date of surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_

24. Name of Veterinary Practice: \_\_\_\_\_

25. Veterinary Practice Address:

\_\_\_\_\_  
Street City State Zip

26. Telephone Number of Veterinary Practice: (\_\_\_\_) \_\_\_\_\_

27. **PROPER ENCLOSURE VERIFIED** ☐

Evidence that the dangerous dog is and will continue to be confined in a proper enclosure or is and will be confined inside the owner's residence or is and will be muzzled and confined in the owner's fenced-in yard until the proper enclosure is constructed.

28. **PROPER POSTING OF SIGNS VERIFIED** ☐

Evidence that the residence is and will continue to be posted with clearly visible signs warning both minors and adults of the presence of a dangerous dog on the property.

29. **PERMANENT IDENTIFICATION VERIFIED** ☐ (Tattoo or Microchip required)

30. Tattoo ☐; Tattoo Number: \_\_\_\_\_

31. Electronic Microchip ☐; Microchip Number: \_\_\_\_\_

32. Microchip Company: \_\_\_\_\_

33. Name of Veterinary Practice: \_\_\_\_\_

34. Veterinary Practice Address:

\_\_\_\_\_  
Street City State Zip

35. Telephone Number of Veterinary Practice: (\_\_\_\_) \_\_\_\_\_

**36. LIABILITY INSURANCE OR SURETY BOND VERIFIED ☐**

The owner has provided a copy to the animal control officer of the liability insurance coverage from a company licensed to do business in Virginia in the amount of at least \$100,000 that covers the owners for damages caused by animal bites. In lieu of liability insurance, the owner may obtain and maintain a bond of surety, in the amount of \$100,000. The bond shall be made to the chief administrative officer of the local jurisdiction and his successors for the damages resulting from the dangerous dog. The form of surety bond should be approved by the local jurisdiction's attorney.

37. Liability Insurance ☐

Surety Bond ☐

38. Name of Company: \_\_\_\_\_

39. Policy or Bond Number: \_\_\_\_\_

40. Expiration Date: \_\_\_\_\_

**41. VIRGINIA DANGEROUS DOG TAG NUMBER ISSUED TO OWNER ☐**

**42. VIRGINIA DANGEROUS DOG TAG NO.: \_\_\_\_\_**

**43. DANGEROUS DOG REGISTRATION CERTIFICATE ISSUED TO OWNER ☐**

**44. DANGEROUS DOG REGISTRATION CERTIFICATE AND VERIFICATION OF  
COMPLIANCE INFORMATION SENT TO STATE VETERINARIAN ☐**

**45. DANGEROUS DOG INITIAL REGISTRATION KIT ISSUED TO OWNER ☐**

The undersigned do hereby certify that \_\_\_\_\_

\_\_\_\_\_  
owner(s) of \_\_\_\_\_, a dog found to be dangerous by a court of competent jurisdiction in Virginia, is (are) in compliance with and will continue to be in compliance with all provisions and requirements of the Virginia Dangerous Dog Law as set forth in §§ 3.1-796.93:1 and 3.1-796.93:3 of the Code of Virginia and 2 VAC 5-620, Rules and Regulations Pertaining to the Establishment of the Dangerous Dog Registry.

Signatures:

\_\_\_\_\_  
PRIMARY OWNER

Date: \_\_\_\_\_

\_\_\_\_\_  
OWNER

Date: \_\_\_\_\_

\_\_\_\_\_  
OWNER

Date: \_\_\_\_\_

\_\_\_\_\_  
LOCAL ANIMAL CONTROL OFFICER

Date: \_\_\_\_\_